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		Docket Number	H-32682A	

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	FILING BY "EXPR	ESS MAIL" UNDER	37 CFR 1.10	
Ex	EV335544831US press Mail Label Number		AUGUST 21, 2 Date of Deposit	

Address to: MS: Patent Application

Commissioner for Patents

application is hereby reserved.

PO Box 1450 Alexandria, VA 22313-1450

UTILITY PATENT APPLICATION TRANSMITTAL AND FEE SHEET

Transmitted herewith for filing under 37 CFR §1.53(b)(1) is a **continuation** of prior

Appli	catio	on No. 09/408	,328, filed September 29, 1999.
Applicant (or identifier):		(or identifier):	LIEM ET AL.
Title:			FUSOBACTERIUM NECROPHORUM VACCINE AND METHOD FOR MAKING SUCH VACCINE
Enclo	sed	are:	
1. 2. 3.		Drawings - Declaration an a. Newly b. Copy signe i. D	ncluding Claims and Abstract) - 21 pages sheets d Power of Attorney y executed (original or copy) from a prior application (signed or with indication that original was d) eletion of Inventors igned statement attached deleting inventor(s) named in the prior opplication
4.	\boxtimes	Incorporation is The entire disc and Power of A	By Reference closure of the prior application, from which a copy of the Declaration Attorney is supplied under Box 3b, is considered as being part of the ne accompanying application and is hereby incorporated by
5. 6.		Microfiche Col Nucleotide and Computer Paper Co	mputer Program (appendix) d/or Amino Acid Sequence Submission · Readable Copy
7. 8. 9. 10. 11. 12.		Preliminary Ar Assignment P English Trans Information Di Certified Copy Return Receip Other: ATCC	nendment apers (Cover Sheet & Document(s)) lation of sclosure Statement of Priority Document(s)
\boxtimes	Apr	olication No. 09	n invention or species that is different from that elected in parent /408,328 in the event of a restriction or election of species identical or substantially similar to that made in said parent



Filing fee calculation:

Date: August 21, 2003

\boxtimes	Before calculating the filing fee, please enter the enclosed Preliminary Amendment.
	Before calculating the filing fee, please cancel claims .

Basic Fil	ing Fee						•		\$ 750
Multiple Dependent Claim Fee (\$)								\$ -	
Foreign Language Surcharge (\$)							\$ 		
	For	Number Filed		Number Extra		Rate			
Extra Claims	Total Claims	15	-20	0	x	\$	18	=	\$ 0
	Independent Claims	4	-3	1	x	\$	84	=	\$ 84
TOTAL FILING FEE							\$ 834		

Please charge Deposit Account No. 19-0134 in the name of Novartis in the amount of \$1104. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 19-0134 in the name of Novartis.

Please address all correspondence to the address associated with customer No. 001095, which is currently:

Thomas Hoxie Novartis Corporate Intellectual Property One Health Plaza, Building 430 East Hanover, NJ 07936-1080

Please direct all telephone calls to the undersigned at the number given below and all telefaxes to (973) 781-8064.

Respectfully submitted,

David L. Mark's

Attorney for Applicants

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